## City of Greensboro Collections Division PO Box 26118, Greensboro, NC 27402-6118 Phone (336) 373-2501 FAX (336) 373-4393

## Privilege License Application License Year 2006-2007

Business Name:				
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City:		State: _		Zip Code:
Mailing Address (if di	fforant)			
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3.	Does firm own the building?  If no, leased/rented from	YesNo om	
4.	Date business started in Green Number of employees at this	nsboro:location:	
C			
Desc	ription of Business Activity:		
D			
Chec	k each activity that applies to yo	our business:	
S F	Retail Sales ervice Business Good/Restaurant Services Other (Please describe below)	Wholesale Sales Building/Trade Contractor Beer/Wine Sales	ManufacturingVehicle Repair/Service

It is understood by the applicant that issuance of a privilege license does not constitute acceptance approval of the use of the named location against existing building, zoning or fire prevention codes. A licensee shall remain fully liable and responsible for bringing the premises and all business operations

into full compliance with such codes. All applicants are encouraged to contact the City of Greensboro Zoning and Building Inspection Divisions and the Fire Prevention Bureau to determine which regulations may apply to a particular business.

Signature:		
Title:		

## Instructions:

- 1. Click the PRINT button on your computer.
- 2. Complete the application in handwritten or typed form.
- 3. Mail the completed application to the Collections Division.

Thank you!